

Date In: <b>30/01/2018 14:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC/001815/Y</b>	SAS e-billing		
Veh No: <b>SKZ 1420 Y</b>	E-mail (with 3hrs, A/C 3hrs)		
D.O.A: <b>30/01/2018 10:20</b>	E-Motor Claim Form	<b>ml10980145</b>	<b>30/01/2018</b>
OD / TP <b>Responing Only</b>	E-Motor W/O (with 100 hrs, TP 3hrs)		<b>15:29</b>
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by <b>Fax/ Hand to Owner/Wksp</b>		

Preferred Wksp / INC Assign Wksp / OW: ( ) Toll ( ) Fax: ( )

TP Particulars: Yell No: **SKR 560A** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: ESL Status (WO): NI 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-in Customer: Customer's information strictly Confidential & strictly NO later of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in ( ) / Towed-in ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	Done by	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

Item Particulars	Invoice Preparation/Check/CLIS	Value	Bill / Paid
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee		\$40/\$10	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Resurvey)		\$10	
Excluding GST/INC Only (w/ef 10 Jan 2018)			
6) TR: Re-inspection		\$75	
7) NI: 100% DA + SMRT Survey		\$160	
8) NTUC Additional Services			
<b>Q11:</b>			
'N1: Courtesy Car / Tpl Allowance		\$5	
'N6: Repair Co-ordination		\$10	
'N7: Post Repair Inspection		\$15	
'N8: BY / Collect Excess Coordination		\$5	
'E (N1): TP (N1) INC against INC		\$20	
9) N12: 100% Mobile		\$0	
Invoice Total			
Invoice Paid			
	Not Charged		
	Not Charged		

**NA1000672**

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	30/01/2018 14:15
Date Of Accident	30/01/2018 10:20
Exact Location Of Accident	ALONG PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1420Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIOW TIEN LYE
NRIC No	S7701140D
Email Address	RAYKIM_1003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96904158
Alternative Phone No	OTHERS-96904158

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.4 Z (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097427065
Cover Note Number	

### Driver

Name of Driver	LIOW TIEN LYE
NRIC No	S7701140D
Date Of Birth	09/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96904158
Fax Number	
Contact Number	OTHERS-96904158
E-Mail Address	RAYKIM_1003@YAHOO.COM.SG

Address	BLK 152 RIVERVALE CRESCENT #11-104
Postcode	540152
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR560A
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WING CHEW
NRIC/Passport Number	S1600474Z
Contact Number	96731710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SKZ 1420Y

Veh B: SKR 560 A

IMPORTANT NOTICE

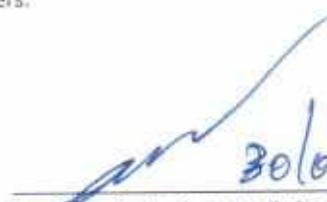
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time: 30/1/2018  
 1:35 pm

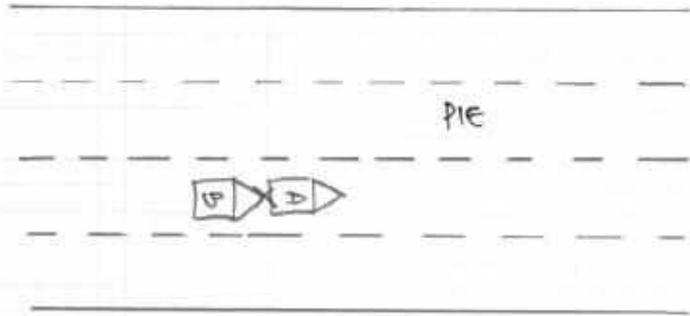
\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Rishi Wadhwa  
 NRIC/FIN No.: 30/01/2018

SKETCH PLAN

Veh A: SKZ 1470Y

Veh B: SKR 560A

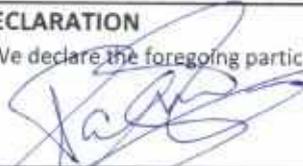


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I traveling along PIE traffic was jammed, sudden vehicle B behind me hit onto my rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 30/1/18  
1:33 PM

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Faldi WATJAB  
NRIC/FIN No.:

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/0980145**

Policy No.	5097427065	Vehicle No.	SKZ1420Y	GST Registration No.	
Policyholder Name	LIOW TIEN LYE	Cover Type	Irvo CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96904158	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Private Hire	No		

**Accident Details**

Report Date	30/01/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	30/01/2018	Time of Accident (h:mm)	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PAN ISLAND EXPRESSWAY				

**Benefita**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

Modification History

**Policyholder Mailing Address**

Address 1	BLK 152 #11-104	Address 2	RIVERVALE CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5097427065		

**OI Driver Info**

Driver Name	LIOW TIEN LYE	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S7701140D	Driving Experience	
Register Date of Driver License	01/01/1999	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	96904158	Contact No.(Office)		Address 3	
Address 1	BLK 152 #11-104	Address 2	RIVERVALE CRESCENT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKZ1420Y	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **NEW**

Claim Type *	DD-MX	Insured Name	LIOW TIEN LYE	Insured NRIC	
Contact No.(Mobile)	96904158	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ1420Y	TP Vehicle Number	
Claim Description	SKZ1420Y / SKR568A ON 30 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	30/01/2018 15:27	Claim Close Date			
Report Taken By	BOSLI WAHAB				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/0980145	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2018 15:29

Path Category \*  Confidential  Urgency

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select
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<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:29	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:29	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:28	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 15:27	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 20/01/2018 / (1) \*Time of Accident: 10:20 Am. /  
\*Accident Location: P1E /

### Vehicle Details

\*Vehicle Number: SK21420Y / \*Make & Model: Toyota Vellfire 2.4 2

### Insured / Policyholder

\*Owner Name: LIOW TIAN LYE \*NRIC: S7701140A /

\*Address: 152, Riverside crescent #11-104

\*Email: raykim\_1003@yahoo.com.sg \*HP: 96904158 /

\*Occupation: Sale (~~Indoor~~ / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver same as above

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: \_\_\_\_\_ \*HP: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Gender: Male / Female

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC \*Coverage: C / TPFT / TPO \*Policy No: 5097427065

### Detail of other vehicle / Property 1

Vehicle No.: SKR 804

Make & Model: Toyota Estima

Vehicle Category: MPV

Name of Driver: Lee Wing Chan

NRIC : S16004742

HP : 96731710

No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / NO (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head ~~on~~ / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / NO (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)

\*Accident reported to police: Yes NO \*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

LIOW TIEN LYE  
(LIAO TIANLAI)  
Date of birth: 09 Jan 1977  
Date of issue: 05 May 2007  
000485571K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7701140D



Name  
LIOW TIEN LYE  
(LIAO TIANLAI)  
廖天来  
Race  
CHINESE  
Date of birth  
09-01-1977  
Country of birth  
SINGAPORE

Sex  
M

S7701140D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE  
05 May 2007

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S7701140D

NP 428A



S7701140D



NRIC No: S7701140D

Date of issue  
25-01-2007

APT BLK 152 RIVERVALE CRESCENT #11-104  
SINGAPORE 540152

NRIC No: S7701140D Date: 13/01/2013 No: 7245395

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097427065 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKZ1420Y**  
Chassis Number : ANH208110947
2. Name of Policyholder : LIOW TIEN LYE ✓
3. Effective Date of Insurance : 16 Jan 2018
4. Expiry Date of Insurance : 15 Jan 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIOW TIEN LYE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON AUTO AGENCY (00000614645)  
Date of Issue : 15 Jan 2018 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNR41801410 Vehicle Registration No: SEZ 1470 Y  
 Name (as shown in NRIC) : Liew Tien Lye NRIC/FIN/Passport No : S77011400  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 150 Rivervale Crescent # 11-104 Singapore (540150 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 96904158  
 Email Address : Raykim-1003@yohoo.com.sg  
 Date of Accident : 30.1.2018 Time of Accident: 1030 HRS  
 Place of Accident : Along Pan Island Expressway  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend "Reporting Only" to "Third Party".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date: 31 JAN 2018

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Rueli Wang  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 31/01/2018